



Atty. Dkt. No. 310473-1600

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Guy Michael MILLER et al.

Title: COMPOSITIONS AND METHODS  
FOR THE PREVENTION AND  
TREATMENT OF TISSUE ISCHEMIA

Appl. No.: 10/017,717

Filing Date: 12/14/2001

Examiner: P. Spivack

Art Unit: 1614

<b>CERTIFICATE OF MAILING</b>	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.	
Carol A. Stratford	
(Printed Name)	
(Signature)	
August 6, 2004	
(Date of Deposit)	

AMENDMENT TRANSMITTAL

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	30	- 97	= 0	x \$18.00	= \$0.00
Independent Claims:	3	- 8	= 0	x \$86.00	= \$0.00
First presentation of any Multiple Dependent Claims:			+ \$290.00	=	\$0.00
CLAIMS FEE TOTAL					= \$0.00

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the first month:	\$110.00	\$110.00
	EXTENSION FEE TOTAL:	\$110.00
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$110.00	\$0.00
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:	\$110.00
[ X ] Small Entity Fees Apply (subtract ½ of above):		\$55.00
	TOTAL FEE:	\$55.00

[ X ] Please charge Deposit Account No. 50-0872 in the amount of \$55.00. A duplicate copy of this transmittal is enclosed.

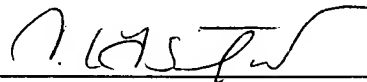
[ X ] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: August 6, 2004

By



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